

Body works Par Q Health Questionnaire

Your Personal Details

Client Name:

DoB:

Postcode:

Emergency Contact Details

Name:

Email:

Phone:

Address:

Do you participate in any other physical activities? Give examples: (if no leave blank)

What is your occupation?

How active is your job?

How long do you wish to train for each time?

Would you like a Fitness programme?

Have you trained in a gym before?

*Children under 16 are not permitted in the gym

*Please ensure you wear the appropriate clothing and footwear

*If you are not feeling well because of a temporary illness, such as a cold or a fever, wait until you feel better before you exercise or if you believe you may be pregnant, talk with your doctor before you start becoming more active.

Answer yes or no using an "X" to the following questions	YES	NO	YES:	NO:
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?				
Ever have pain, pressure, heaviness or tightness in the chest area?				
Are you currently pregnant or have you given birth in the last 6 months?				
Do you lose your balance because of dizziness or do you ever lose consciousness?				
Do you have a bone or joint problem that could be made worse by a change in your physical activity?				
Is your doctor currently prescribing drugs for your blood pressure or heart condition? Or do you have untreated high blood pressure?				
Do you know of any other reason why you should not do physical activity? If yes why?				

If you answered yes:

If you answered yes to one or more questions, or are concerned about your health, consult a physician before taking a fitness test or substantially increasing your physical activity. You should ask for a medical clearance along with information about specific exercise limitations you may have before you can complete an induction

If you answered no: you understand you are responsible in your future participation in exercise and to accept the risks, rules, and regulations set forth and that it is important to start at a low intensity and increase gradually.

I agree that I have been shown how to use the cardiovascular, resistance and weights equipment and feel confident in using them. If I need any help I agree I will ask a trainer to assist me.		
Client Name:	Signature:	
Date:		
Trainer name:	Signature:	
Date:		
I declare that the information given is correct. I understand that I use the Willison sports centre facilities entirely at my own risk and I will exercise in accordance with written safety guidelines and the instruction from staff.		
SIGNED:		DATE: